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| **AGRICULTURE VICTORIA – Veterinary Diagnostic Services**  **AgriBio Specimen Reception**  **5 Ring Road, La Trobe University.**  **Bundoora, Victoria, 3083**  **Phone: (03) 9032 7515 Fax: (03) 9032 7604**  **Email: vet.diagnostics@ecodev.vic.gov.au** |  |
| Record of Disease Event (RODE) and Laboratory Submission |  |

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| **ICT VALIDATION IN SHEEP – POPULATION 2**  **Interim copy: Final copy: (please tick box)** | | | | | | | | | | | | | | | |
| **Owner’s Name**  ………………………………………………………………………………………………………..  Trading/property Name ..……………………….…… PIC   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   Farming system …………………………..…………………  Property Address ………………………………………………………………………………………………………  ……………………………………………………………………………………… Postcode ………………………  Phone (…...) Email  **Contact name (if different from owner):** ……………………………………………………………………………  Phone (…...) Email | | | | | | | | | | | | | ***Lab Use Only***  Accession No.    Duty Path:  ………..…………………….. | | |
| **SENDER Karen Moore; Jaimie Hunnam**  **Practitioner name**:………………………………………………………………………..……….…………  Practice/Company:………………………………………………………………………………..…………………….  Postal Address …………………………………………………………………………..…..Postcode ………………  Phone: (…….) ……………………………………..…….. Email: ……………………………………………….. | | | | | | | | | | | | |
| **Previous/related lab numbers**: ………………………………………………………………………………….. | | | | | | | | | | | | | | | |
| **Date of investigation**  …..../ ……../ ……… | | | **Date of sample collection**  ……./ ……./ ……. | | | | **Date of first case**  ……./ ……./ …….. | | | | **Date of most recent case**  .……./……../……. | | | | |
| **Reason for**  **Submission**  **(please tick)** | **Significant Disease Investigation (SDI) Transmissible Spongiform**  **Encephalopathy (TSE)**  **Name of authorising DVO**: ………………………….…  **Date authorised** ..…. / ….... / ……. | | | | | | | | | | **☒ Other**  **ICT Validation in sheep** | | | | |
| **Species**  **SHEEP**  ………………… | **Breed**  …………………………..….. | | | **Age**  ……….… | | **Sex**  ………… | **Total of species on property\***  …..……………. | | | **No. susceptible\*\***  ……………. | **No. examined**  …………… | | | **No. Sick**  ……….. | **No. Dead**  ………. |
| \* Total number of animals of species of interest on that property, regardless of age and/or sex  \*\* Total number of animals of species of interest on the property that could potentially be susceptible to the investigated condition(s) (e.g. abortion = females of breeding age only).  NOTE: Number susceptible, number sick and number dead are mutually exclusive groups. | | | | | | | | | | | | | | | |
| **History and predisposing factors**  ( \*\* to be eligible for ICT Validation study, the sheep must have experienced sudden death \*\*)  ……………………………………………………………………………………………………. …………………………………………………………..  ……………………………………………………………………………………………………………………………………………………...................  **Clinical assessment (including condition score)** …. ……………………………………………………………………………………………….……..  ……………………………………………………………………………………………………………………………………………………...................  ……………………………………………………………………………………………….……………………………………………………………………………………………………………...  **Post mortem findings/lesions** (\*\* if suspicious of anthrax – **DO NOT** conduct a post-mortem \*\*) Not applicable  ……………………………………………………………………………………………………………………………………………………..................  ………………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………….. | | | | | | | | | | | | | | | |
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| **PRIMARY SYNDROME** | | | | | | | | If unknown, please tick box | | | | | | | |
| **DIFFERENTIAL DIAGNOSIS** | | | | | | | | **Predominant basis for differential diagnosis** | | | | | | | |
| 1. | | | | | | | |  | | | | | | | |
| 2. | | | | | | | |  | | | | | | | |
| 3. | | | | | | | |  | | | | | | | |
| 4. | | | | | | | |  | | | | | | | |
| ***Agriculture Victoria staff use only:*** | | | | | | | | | | | | | | | |
| **Evidence Bag codes:**  (e.g. 004008A) | | **Evidence Bag 1 code**:  ……………………………….. | | | **Evidence Bag 2 code**:  ……………………………….. | | | | **Evidence Bag 3 code**:  ……………………………….. | | | **Evidence Bag 4 code**:  ……………………………….. | | | |

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| Specimen Information: | | | | |
| ***(AgVic staff use only)***  **Evidence Bag Number** | **Animal Identification** | **Nature and No. of Specimens** | | **Investigations Requested** |
|  |  | **Blood (EDTA)** | | **Smear, bacterial culture and PCR for anthrax** |
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| **FINAL DIAGNOSIS** If unknown, please tick box | | | **Predominant basis for final diagnosis** | |
| 1. | | |  | |
| 2. | | |  | |
| 3. | | |  | |
| 4. | | |  | |
| **Additional comments, including cost of the outbreak and recommendations to producer/AgVic:** | | | | |
| **Further information: contact your local Agriculture Victoria District Veterinary Officer (DVO) or the DEDJTR Customer Service Centre on 136186, or visit** [**www.agriculture.vic.gov.au**](http://www.agriculture.vic.gov.au)  Fax or email interim and final copies of this form to the DVO who approved the investigation.  South West – email: [sw.ag@ecodev.vic.gov.au](mailto:sw.ag@ecodev.vic.gov.au) South-East – email: [se.ag@ecodev.vic.gov.au](mailto:se.ag@ecodev.vic.gov.au)  Northern – email: [northern.ag@ecodev.vic.gov.au](mailto:northern.ag@ecodev.vic.gov.au)  When the investigation is finalised, the following must be provided to the DVO for payment to be processed:   * A copy of the laboratory report(s) * Final, typed Record of Disease Event (RODE) and Laboratory Submission form * Copy of the practice invoice to your client | | | | |